

COUNTY OF SAN DIEGO EMPLOYMENT APPLICATION

STUDENT WORKER

FOR DHR USE ONLY

DEPARTMENT OF HUMAN RESOURCES

San Diego Office: 1600 Pacific Highway, Rm. 207, (MS: A-8) San Diego, CA 92101 North County Office, 600 East Valley Parkway, Escondido, CA 92025 (MS: N-465)

General Information: (760) 740-4199; Fax: (760) 740-4277

24-Hr. Recorded Job Line: (619) 531-5764; General Information: (619) 236-2191; DHR Telecommunications Device for the Deaf: (619) 531-5362; Fax: (619) 685-2458 Hearing Impaired, California Relay Service: 800-735-2929 (TDD)/800-735-2922 (Voice)

Hiring Dept:

Class Title

Salary Step

Hire Eff. Date

Ins	tructions: Type or use i	nk and print c	learly. Fill out	form complete	ely. Sign and date on	back.
SOCIAL SECUR	ITY NUMBER					
LAST NAME			FIRST NAME			MI
STREET ADDRI	ESS		1			
CITY			STATE		ZIP CODE	
AREA CODE	PHONE NO. (DAY)	EXT.	AREA CODE	PHONE NO.	(EVENING)	EXT.
FOR HIGH SCH	OOL STUDENT: NAME (OF SCHOOL: _				
YEAR IN SCHO	OL (Check One): FR	5	SOPH	JR	SR	
FOR COLLEGE	STUDENT: NAME OF COLLI	EGE/UNIVERSI	TY:			
UN	DERGRAD STUDENT <u>YEAR IN SCHOOL</u> (Check () ne):	FR SOP	H JR	SR	
GR	AD STUDENT <u>PURSUING A</u> (Check One):	_ N	MASTER'S DEGR	EE DOO	CTORATE DEGREE	
WHEN DOES YO	OUR CURRENT QUARTE	R OR SEM	<u>MESTER</u> BEGIN?_		END DATE	<u> </u>
MAJOR:						
MINOR:						
EXPECTED DAT	TE OF GRADUATION:					
PES OF WORK D	ESIRED:		SEX:	□ MALE	□ FE	EMALE
			_	_		

DHR 207 10/2000R Page 1 of 2

County of San Diego Student Worker Program Student Unit Load Verification

STUDENT'S NAME:			SSN:	
	ALTERATIONS	WILL INVALIDATE	THIS FORM	
COLLEGE/UNIVERESITY	Y (To be completed b	y College/University Re	egistrar)	
College/University Name: _				
Check one from each row				
Undergraduate	Graduate			
Semester	Quarter			
Winter	Spring	Summer	Fall	
Is student full time: ☐ Yes	□ No			
NOTE: If the student is not a	attending full time sur	nmer session, registrar	should verify previous s	emester/quarter.
Current Unit Load:				School
Accumulated Completed Unit	ta:			Seal
Expected Graduation Date:				
•				
Accredited by:				
Verified by:	(Registrar's Signat		Date:	
	(Registial's Signat	uie)		
HIGH SCHOOL				
Is student full time: ☐ Yes	□ No		Graduation Date:	
Verified by:			Date:	
	(Registrar's Signat	ture)		
CALWORKS: Students must coursework. A letter from a J be submitted.				
In order to apply for student value to take the Student Unit Load form must be completed, sign their enrollment re-verified explored out of school, are no long their hiring department information.	Verification (SULV) ned, dated and stamped very quarter or semest ger eligible to be emp	form to his or her respect by the registrar. If emers, Full-time students voloyed and will be termined to the students of the	ective school, college or ployed, it is the student who reduce their unit loa	university. The SULV 's responsibility to have d to less than full time
STUDENT DECLARATION knowledge and belief. I declar institution. I understand that dismissal from student worke	are that this form has l falsified information	been verified and valida	ted by authorized perso	nnel at my educational
Student's Signature				Date